

MEDICAID-PEACHCARE – Banner Notification 9/29/2003: IMPORTANT UPDATE FOR PHARMACY PROVIDERS

Effective 10/10/2003, Georgia Medicaid will remove the brand MAC exclusions on the products listed below. The generics for these products have historically paid at the GMAC; the brands have been excluded in the past. As of 10/10/2003, Georgia Medicaid will remove the brand exclusions and pay at the current GMAC listed below:

VERAPAMIL HCL	180MG	CAP24H PEL	0.6737	Verelan
VERAPAMIL HCL	240MG	CAP24H PEL	0.7832	Verelan
VERAPAMIL HCL	120MG	CAP24H PEL	0.6855	Verelan
METHYLPHENIDATE HCL	10MG	TABLET	0.3033	Ritalin
METHYLPHENIDATE HCL	5MG	TABLET	0.2229	Ritalin
METHYLPHENIDATE HCL	20MG	TABLET	0.4343	Ritalin
FLUOXETINE HCL	10MG	CAPSULE	0.3785	Sarafem
FLUOXETINE HCL	20MG	CAPSULE	0.3785	Sarafem
VALPROATE SODIUM	250MG/5ML	SYRUP	0.0594	Depakene Syrup
LOVASTATIN	20MG	TABLET	1.2488	Mevacor
LOVASTATIN	10MG	TABLET	0.7487	Mevacor

PRIOR APPROVAL CHANGES EFFECTIVE 11-01-03

Additions: Topical testosterone products, including Striant® will require prior approval. You may contact ESI at 1-877-650-9340 to request prior approval.

Fuzeon® will also require prior approval.

Holiday Remittance Schedule Reminder:

As previously communicated, please be advised that the October 13th remittance run will have a Wednesday, October 15th EFT effective date due to the holiday.

Please share this information with appropriate staff. If you have additional questions or concerns regarding this notification, please contact Express Scripts at 1-877-650-9340.